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ndicated unless correct naintenance fee notifica	ed below or directed oth	nerwise in Block I, by (a	a) specifying a new corr	espondence address	; and/or	(b) indicating a separ	rate "FEE ADDRESS" for
		ock I for any change of address)	2 pa	e(s) Transmittal, The pers. Each additions	is certit al paper.	icate cannot be used for	domestic mailings of the or any other accompanying it or formal drawing, must
2350 MISSION SUITE 360 SANTA CLAR	LLEY PATENT G COLLEGE BOULI	EVARD	2 5 2006	Centereby certify that the lates Postal Service of dressed to the Mainsmitted to the USF	rtificate nis Fee(s with suff 1 Stop TO (57		nission deposited with the United t class mail in an envelope above, or being facsimile te indicated below.  (Depositor's name)
	700.00 DA		Ham	1 2	Steuber	(Signature)	
VI TULLUVI	TOTAL DIT			9/21	106		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	Ŗ	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/767,751 01/28/2004			Richard K. Williams		A	AT007-4C US	5740
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI		E FEE	TOTAL FEE(S) DÜE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0		\$700	12/07/2006
EXAMINER ART UNIT			CLASS-SUBCLASS	ل			
WARREN, MATTHEW E		2815	257-328000			Silico	n Valley
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			257-328000  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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a. The following fee(s)  Issue Fee	are submitted:  No small entity discount	41	b. Payment of Fee(s): (Pi A check is enclosed Payment by credit of	ease first reapply a ard. Form PTO-203	ny prev 8 is atta	riously paid issue fee s Previo	
a. Applicant clain	atus (from status indicate	us. See 37 CFR 1.27.	b. Applicant is no le	onger claiming SMA	LL EN	FITY status. See 37 CF	R 1.27(g)(2).
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Authorized Signature	(,).	E Stendar		Date	9/	21/06	

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